

Developmentally Disabled Treatment Fund

Guidelines 2014-15

The following guidelines will be utilized for the Developmentally Disabled Treatment Fund (DDTF) to 1) reduce administrative time to complete forms, 2) eliminate loss of client funds through non-use and 3) better utilize the funds for dental treatment. To accomplish this, the following guidelines are now in place:

1. Dental Treatment Guidelines

- This is a fund of *last* resort. Clients that have dental insurance or *other means to pay* for services are **NOT** eligible for this fund. Clients that have Medicaid can utilize this fund only if access to a Medicaid dentist is not available. The limited amount of funding must be used for those with no other funding source available (including family).
- All treatment must be completed and the dental insurance form *filed* with Delta Dental by the date stated on the DDTF approved application form. In most cases, this date will be 90 days from the time of the approved application.
 - ***Treatment performed and billed after the date noted on the form may not be paid.*** Funds that have been allocated but not utilized will revert back to the DDTF for use by another client.
 - **Claims not billed by the date specified or any denials not reconciled within 30 days after claim submission may not be paid, regardless of the reason for non-pay. Please have the dentist call MDCH Oral Health Program as soon as the denial is received.**
 - If treatment cannot be completed and the funds will not be used, please notify the Oral Health Program so these funds can be used for another client.
 - If treatment is needed beyond the 90 days, you may contact the MDCH Oral Health Program for an extension.
- The maximum allowable benefit per year is \$1,800. Exceptions may be made on a case by case basis.
- Please note that Delta Dental will reimburse at the Delta Dental PPO fee schedule. This means that the reimbursed dollar amount may not match the submitted fee. **The DDTF reimbursement amount is considered payment in full. Balance billing and/or patient co-pays are not allowed.**
- The fund provides basic dental services to **restore functionality**. Cosmetic dentistry is not consistent with the appropriation of this fund. The client must have access to routine oral hygiene services (i.e. daily brushing and flossing) if extensive restorative work is requested. The following services will not be covered:
 - Implants
 - Extensive periodontal therapy (periodontal surgery).
 - Orthodontics
 - Hospitalization or sedation for any procedure.

For a complete list of services that are covered refer to the Comprehensive Instructions manual.

- Bridges, partials and dentures will be approved on a case by case basis. **Evidence must be submitted** that the client will be able to have daily oral hygiene to maintain the removable or fixed prosthetic and in the case of partials/dentures the patient must be able to tolerate the appliance and will use the appliance daily.
2. Insurance Claims:
- The DDTF is not a standard Delta Dental Insurance policy and the dental office is sometimes not aware of the requirements of this fund. **Please share this information with the dental office.** Clients will not appear on the Delta Dental web site and there is a much shorter requirement for claims submission.
 - Following treatment, the completed insurance form (i.e. Dental Claim Form) must be submitted by the dental office to Delta Dental by the date stated on the approved DDTF form. **Insurance forms filed after this date may not be paid.**
 - Providers should check eligibility from Delta Dental for procedures to be provided since many have a frequency limitation. Approval of a submitted application request does not override the Delta Dental frequency limitations.
 - **Denied claims not reconciled after 30 days of the date of the original submission may not be paid, regardless of cause of non-payment.**
 - **NOTE: Any change in the treatment plan must be approved by the MDCH Oral Health program. Claims that have a deviation from the approved treatment plan will be denied by Delta Dental.**
 - **Completed forms should be mailed to:**
Delta Dental
P.O. Box 9085
Farmington Hills, MI 48333-9085
Group Name: MDCH DD Treatment Fund
Group # 111
 - **Denial of claims, a change in the treatment plan, extensions required, or insurance billing problems should be directed immediately to:** MDCH Oral Health Program, 517-335-8697(Fax) or oralhealth@michigan.gov (place DDTF in the subject line). **All identifying client information sent via e-mail must be encrypted.**
3. Dental Forms:
- A new **DDTF application form (DCH-1505 rev 3/11)** must be attached to a **Dental Claim Form** (the dental insurance form that is used for predetermination of services; the dental office must complete this form for you). The Dental Claim Form will serve as the treatment plan. Applications submitted without this form will be returned.
 - A copy of the approved application and the submitted Dental Claim Form will be sent to the Case Manager/Supports Coordinator, the dentist and Delta Dental to confirm that the application is approved and treatment can begin. A copy of an unapproved application and the submitted Dental Claim Form will be sent to the Case/Manager/Supports Coordinator and the dentist.
4. Client Eligibility:
- The client must have developmental disabilities that require the client to be managed within the Community Mental Health System. Clients must be assigned a service coordinator or case manager.

- The client must have developmental disabilities from birth; clients with closed head injuries are not eligible for this fund.
 - The client must be a resident of the United States; illegal aliens are not eligible for the DDTF.
 - The client must have no other means to pay for dental treatment. Clients with private dental insurance, regardless if the insurance pays all or a portion of the claim, are **not** eligible for the DDTF. The fund must be used as a fund of last resort with no other payment for services available. Family or other resources for payment of dental services should be exhausted prior submitting a DDTF application. Clients with Medicaid must utilize a dentist who accepts Medicaid, whenever possible.
 - Questions regarding the DDTF fund should be directed to:
MDCH Oral Health Program, 517-241-5920; FAX: 517-335-8697; or
oralhealth@michigan.gov (please place DDTF in the subject line). **All identifying client information sent via e-mail must be encrypted.**
5. Resubmission of Denied Claims:
- Each month a reconciliation of DDTF claims submitted and paid is conducted by the MDCH Oral Health Program. Any unused funds will be reverted back to the DDTF for the use of other clients.
 - If a claim is denied because no funds remain in the DDTF, the claim will be held in the order of submission for approval at a later date if additional funds become available during that fiscal year. Approval will be based on the amount of funding, emergency nature of the services required, and the date the application was submitted.
 - Please notify the MDCH Oral Health Program if the client does receive the dental services through another source.